

HOUSE BILL REPORT

HB 1290

As Reported by House Committee On:
Health Care

Title: An act relating to community mental health services.

Brief Description: Modifying community mental health services provisions.

Sponsors: Representatives Cody, Bailey, Schual-Berke, Campbell, Morrell, Hinkle, Green, Appleton, Moeller, Haigh, Linville, Kenney, Wood and Santos.

Brief History:

Committee Activity:

Health Care: 1/27/05, 2/11/05 [DPS].

Brief Summary of Substitute Bill

- Directs the Department of Social and Health Services to redraw Regional Support Network boundaries through a procurement process.
- Allows for competition between counties and other entities to be designated as a Regional Support Network.
- Focuses the delivery of mental health services on the concepts of recovery, resilience, and evidence-based practices.

HOUSE COMMITTEE ON HEALTH CARE

Majority Report: The substitute bill be substituted therefor and the substitute bill do pass. Signed by 13 members: Representatives Cody, Chair; Morrell, Vice Chair; Bailey, Ranking Minority Member; Curtis, Assistant Ranking Minority Member; Alexander, Appleton, Clibborn, Green, Hinkle, Lantz, Moeller, Schual-Berke and Skinner.

Minority Report: Do not pass. Signed by 1 member: Representative Condotta.

Staff: Dave Knutson (786-7146).

Background:

Regional Support Networks (RSN) were established in 1989 to develop local systems of care for persons with a mental illness. Counties or groups of counties were authorized to become RSNs, contract with licensed service providers, and also deliver services directly. Fourteen RSNs were established to coordinate and deliver mental health services to persons with

mental illness. Since 1993, the Department of Social and Health Services has financed community mental health services through a federal 1915(b) waiver that provides services through managed care programs. Through a recent wavier renewal process with the federal government, the Department of Social and Health Services and Regional Support Networks are required to comply with additional requirements related to the management, delivery, and expenditure of federal funds on community mental health services.

Summary of Substitute Bill:

The Department of Social and Health Services will redraw Regional Support Network boundaries through a competitive procurement process. The definition of a Regional Support Networks is broadened to include counties or other entities. Community mental health services will include the concepts of recovery, resilience, and evidence-based practices. The Department of Social and Health Services will be responsible to assure the availability of an adequate amount of community-based residential services. If a tribal authority requests to be a party to a private entity serving as a RSN, the Department will determine the role and responsibilities of the RSN and the tribe.

Substitute Bill Compared to Original Bill:

The substitute bill allows county operated mental health programs to be licensed as service providers, even if they aren't designated as a RSN. The maximum reserve fund balance must be consistent with the amount required by federal regulation or waiver stipulation. The procurement process used to establish RSNs will preserve infrastructure and maximum funds for services. Tribal participation in RSNs operated by counties will not change. The RSNs operated by private entities will have tribal participation determined by the Department of Social and Health Services. Local advisory boards must include consumers, their families, county elected officials, and law enforcement. Individuals eligible for Medicaid will have their eligibility suspended rather than terminated, when they are incarcerated. The Joint Legislative and Executive Task Force on Mental Health is extended to June 30, 2007 and given oversight responsibilities for the reorganization of the community mental health system.

Appropriation: None.

Fiscal Note: Available.

Effective Date of Substitute Bill: This bill contains an emergency clause and takes effect immediately.

Testimony For: The focus of community mental health needs to be on the client and their support system. The concepts of resilience, recovery, and evidence-based practice need to be included in the delivery of mental health services. Existing Regional Support Networks operate as almost autonomous local delivery systems, with very little uniformity across the state. Additional financial and record keeping requirements of the federal government require

us to change the organization and structure of the community mental health system to increase accountability and uniformity.

Testimony Against: This is not the time to reorganize the community mental health system. The system is not broken, it just needs to be tweaked. The biggest problem facing the system is the loss of federal funds used to serve the non-Medicaid population.

Persons Testifying: (In support) Secretary Braddock, and Karl Brimmer, Department of Social and Health Services; Frank Jose, National Alliance for the Mentally Ill of Washington; Wayne Clare, National Alliance for the Mentally Ill Thurston/Mason Counties; Rick Weaver, Washington Community Mental Health Council; and Eleanor Owen, Older Women's League.

(Opposed) Fran Lewis, and Gary Rose, RSN Administrators; and Mike Shelton, Washington State Association of Counties.

Persons Signed In To Testify But Not Testifying: (In support) Michael Haan, Mind Freedom; and Laura Groshong, Washington State Society for Clinical Social Work and Washington State Coalition of Mental Health Professionals and Consumers.